



# FPCS COURSE APPROVAL

REQUEST FORM

Submit this form to your sponsor teacher for review along with a copy of material for review.

Student	School Year		
Course / Subject	Semester	1 <sup>st</sup>	2 <sup>nd</sup>
Instructor	Grade		
Sponsor	Date Submitted		

## DESCRIPTION:

## RESOURCES:

## STANDARDS:

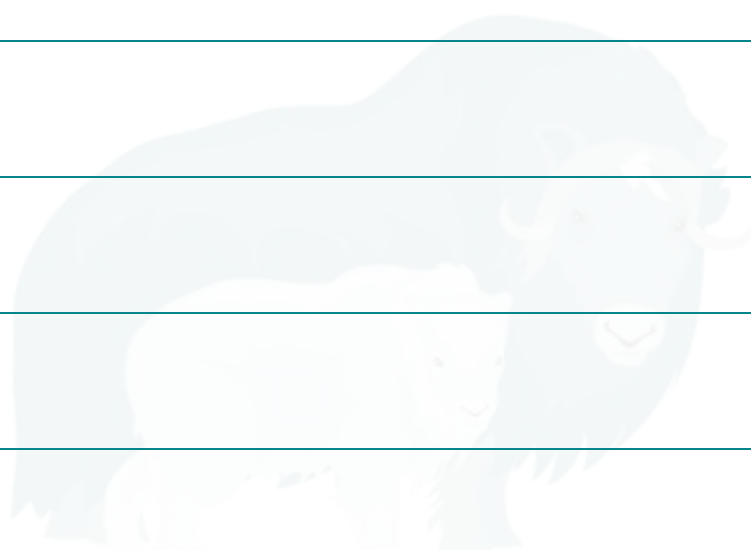


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## SCHEDULE OF ACTIVITIES/INSTRUCTIONAL OUTCOMES

Week	<b>01</b>	
Week	<b>02</b>	
Week	<b>03</b>	
Week	<b>04</b>	
Week	<b>05</b>	
Week	<b>06</b>	
Week	<b>07</b>	
Week	<b>08</b>	
Week	<b>09</b>	
Week	<b>10</b>	





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## SCHEDULE OF ACTIVITIES/INSTRUCTIONAL OUTCOMES

Week	<b>11</b>	
Week	<b>12</b>	
Week	<b>13</b>	
Week	<b>14</b>	
Week	<b>15</b>	
Week	<b>16</b>	
Week	<b>17</b>	
Week	<b>18</b>	

I have reviewed the requested course description and verify that it meets the requirements of state correspondence statutes.

Certified Teacher:

Date: